

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## CEMETERY BOARD

### NOTICE OF TRANSFER OF CEMETERY SALESPERSON

<b>TO BE COMPLETED BY THE CEMETERY SALESPERSON:</b>			
<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>			
<b>Date of Birth</b> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Wisconsin Salesperson License Number</b> <input type="text"/>
<b>Reason for completing this form:</b> (check <u>one</u> box) <input type="checkbox"/> I am transferring to the Cemetery Authority listed below from employment at: <input type="text"/> <input type="checkbox"/> I will work for more than one Employing Cemetery Authority or Authorities in the Department already has on record. I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Safety and Professional Services will be cause for disciplinary action. <input type="text"/> <input type="text"/>			
<b>Applicant Signature</b>		<b>Date</b> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

☐ \$10.00 Transfer Fee

**For Receipting Use Only (96)**

# Wisconsin Department of Safety and Professional Services

## TO BE COMPLETED BY PROSPECTIVE EMPLOYING CEMETERY AUTHORITY:

**Name of Employing Cemetery Authority** (exactly as it appears on the Cemetery Authority's license)

**Cemetery Authority License Number**

**Main Office Telephone Number**

 -  - 

**Main Office Address of the Cemetery Authority** (street, city, state, zip)

This statement must be signed by a corporate officer of the Employing Cemetery Authority. I certify that I will assume responsibility for the applicant pursuant to the Department rules.

**Print Name of Corporate Officer of the Employing Cemetery Authority**

**Title**

**Signature of Corporate Officer of the Employing Cemetery Authority**

**Date**